



# State of New Hampshire

## Department of Safety

Division of Fire Standards and Training and Emergency Medical Services  
Richard M Flynn Fire Academy  
98 Smokey Bear Blvd, Concord, New Hampshire  
Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



John J. Barthelmes  
*Commissioner*

Richard A. Mason  
*Director*

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### TRAUMA MEDICAL REVIEW COMMITTEE COMMITTEE MEETING

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**April 16, 2008**

**Richard M. Flynn Fire Academy  
Concord, New Hampshire**

**Members Present:** John Sutton, MD, Rosie Swain, Patricia Sampson, RN, Rajan Gupta, MD, Cherie Holmes, MD, Doreen Gilligan, RN, Richard O'Brien, EMTP, Joseph Mastromarino, MD,

**Guests:** Janet Houston, Mary Grohosky, RN, Fred VonRecklinghausen, EMTP, John Prickett, RN, Kurt Lucas, Amy Matthews, RN, Joni Iarrobino, RN, Frank Erdman

**Bureau Staff:** Clay Odell, EMTP, RN

#### **I. Call to Order**

The meeting of the Trauma Medical Review Committee was called to order by Chair John Sutton at 9:30 am on Wednesday April 16, 2008 at the Richard M. Flynn Fire Academy in Concord, NH.

**Item 1. Introductions:** Attendees went around the table and introduced themselves. Clay noted that Doreen Gilligan has been appointed by Commissioner Barthelmes as a TMRC member representing the trauma nurses, and Rich O'Brien, Fire Chief of Goffstown will be representing the NH Association of Fire Chiefs.

**Item 2. Minutes.** Dr. Sutton noted that the February meeting had been cancelled due to inclement weather. The minutes from the December 19, 2007 meeting had been approved via email vote.

#### **II. Committee Discussion Items**

**Item 1. Renewal and Hospital Updates** Clay reported that he is still in communication with staff at The Memorial Hospital in North Conway. They are currently working on their performance improvement plan and they will be setting up more Trauma Sim training in May. Their application will be reviewed at the June meeting.

He also reported that the Bureau of EMS has been approved for a mini-grant from the NH Dept. of Health & Human Services Section of Rural Health and Primary Care, as part of that office's application for a federal rural health flex program grant. The amount awarded, \$8000, is intended to enable the Bureau to bring on additional instructors for the Trauma Sim Program. This will enable two instructors to conduct the scenarios, instead of just one. Clay has noted that attendees seem to have a better experience with two instructors as the operator of the manikin cannot focus all of his/her attention on the actions of the group during the scenario.

Dr. Sutton asked if the instructors would be physicians. Clay said not necessarily, but that one of the instructors would be Dr. Sarah Greer who is a surgical resident at DHMC and has participated in the program in the past. The other is Judy Kertis who is a former flight nurse at DHART and who currently works in the Nursing Sim Lab at DHMC. Clay said that he would still advise the trauma surgeons at DHMC when the programs were scheduled, and he appreciates and encourages their participation. Unfortunately other priorities in their schedule make it difficult to coordinate a schedule with the host hospital. So there have been times that Clay has conducted the course as the sole instructor. Dr. Sutton said he didn't think participation of a physician was mandatory if the instructors are well experienced in hospital-based trauma care.

Clay said that the grant is to conduct Trauma Sim training at the Critical Access Hospitals that are NH assigned trauma hospitals. Those hospitals are Memorial, Littleton, Androscoggin Valley Hospital and Weeks Medical Center. Clay will try and stretch the funds to do more hospitals and purchase some replacement parts.

**Item 2. NH Bureau of EMS Report** Deferred discussion due to time considerations. Copies of the Bureau report were available for attendees, and Clay offered to clarify any issues or questions.

### **III. New Business**

**Item 1. Teleconferencing of TMRC meetings** The topic of having teleconference capability for the Trauma Medical Review Committee has been discussed in the past. The technical capabilities to accomplish this at the fire academy are limited to two small meeting rooms. There is continued interest on the part of some members and guests of the committee, particularly with the increasing cost of fuel and other travel costs. Clay has presented a request to the administration of the fire academy to enable at least one of the larger conference rooms, preferably Classroom 4 or 5, to use the conference phone device, and research a phone conferencing service. This would be a voice-only system.

There doesn't appear to be any conflict in state law regarding public meetings, but the Bureau will look into that. The TMRC would continue to hold its meetings at the fire academy, and encourage attendance in person. Face-to-face communication seems more effective, there are often presentations that occur that a person attending by phone couldn't see, and technical glitches make participation through teleconferencing somewhat awkward. Pending a favorable report at the next TMRC meeting the group will discuss guidelines about attendance in person vs. by telephone.

**Item 2. Trauma Conference Planning** Clay reported that he intended to discuss the trauma conference at the February meeting that didn't happen. At this point we're already behind where we should be in planning a late-fall conference. Dr. Sutton asked if we still wanted to hold the conference, and the consensus was yes, that the

conference seems popular and is the only mechanism that we currently have to distribute system-specific information. He asked if the fall was too busy a time to hold our conference considering all the other meetings going on, including other trauma conferences. The consensus was that historically people seem to attend the state trauma conference despite these conflicts, and moving the meeting to another time of year wouldn't increase participation noticeably.

Clay facilitated a brainstorming session on topics that could be considered for the conference. Those topics included: a presentation on the new trauma plan, on-call coverage of specialty services (including costs), surge planning, patient flow – particularly boarding issues, crew resource management in trauma resuscitation, fluid management, computer documentation – particularly trauma flow sheets & medical records, especially “real world experiences”, National Trauma Data Bank presentation & using data to improve pt care, Trauma Performance Improvement projects (examples, best practices) – poster presentations by NH/regional hospitals, presentation on how to do a Mortality & Morbidity review on trauma cases, maintaining trauma resuscitation skills, Office of State Medical Examiner presentation, pediatric considerations (keep vs. send) – link to new trauma plan, new technologies such as fluid management / massive transfusion and permissive hypotension, burn care (burn cart project), interfacility transport – levels of providers – link to IFT task force and new trauma plan.

Clay solicited volunteers to participate in the trauma conference planning subcommittee. Doreen Gilligan, Janet Houston, Patt Sampson, John Prickett, and John Sutton volunteered. Clay will coordinate a phone meeting very soon to choose topics and solicit names for likely speakers.

#### **IV. Old Business**

**Item 1. Revision of NH Trauma Plan** Continued work on the hospital trauma standards table was to occur at the February meeting. When that meeting was cancelled Dr. Sutton asked if a meeting could be scheduled specifically to continue the work on the tables. A meeting was scheduled for March 20, 2008, and notices went out to the usual email lists. Attendees at the meeting were Jim Paquette, Doreen Gilligan, John Sutton, Kathy Bizarro, and Clay Odell. That group worked through the “Clinical Capabilities – Emergency Medicine” Section. Some notable changes were an increase in trauma-related CME requirements for surgeons and physicians that treat trauma patients, and a modification of the time requirements for an on-call provider to respond to the hospital.

The attendees at today's meeting continued this work. Areas considered were anesthesiology, surgical and non-surgical subspecialties and Emergency Department and Operating Room personnel, facilities and equipment. There was a discussion about educational standards for emergency nurses. ACS currently has no requirements for nurses. Doreen Gilligan offered to have the trauma coordinators group discuss that issue and give a recommendation to the committee at the next meeting.

Janet Houston said that the hospital standards tables don't provide much explanation of the standards, so perhaps the trauma plan should contain text explaining the rationale. Clay worries that such text would make the document too bulky, and one of the desires the TMRC expressed was to make the plan more concise. Fred von Recklinghausen suggested a “Frequently Asked Questions” addendum could be written to address these concerns.

**Item 2. Consideration of Rules** Discussion deferred to future meeting as time ran out

#### **V. Public Comment**

Clay announced that the Trauma Coordinator's Working Group would be meeting immediately following adjournment of the TMRC meeting.

#### **VI. Adjournment**

Dr. Sutton adjourned the meeting at 11:30. He advised the group that the next scheduled meeting of the Trauma Medical Review Committee will be Wednesday **June 18, 2008** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

**Respectfully submitted:**

**Clay Odell, EMTP, RN**  
**Trauma Coordinator**